MOAA
Military Officers Association of America

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

1st Session, 113th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

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EXECUTIVE SUMMARY
Selected Recommendations

VETERANS' HEALTH CARE

Psychological-Cognitive Health and Suicide Prevention

- MOAA recommends the Committees review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.
- MOAA strongly supports rapid expansion of partnerships between the VA and outside mental health care providers such as the TRICARE networks and state-level programs.
- Pursue new ways to deliver mental health services, including establishing protocols with the Defense Department to seamlessly transfer high risk servicemembers with mental health or drug or alcohol abuse conditions directly to a designated VA or partner provider prior to discharge from the military to ensure continuity of care.
- Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.
- Conduct an Oversight hearing with government-wide witnesses to assess the effectiveness of implementation of Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families"

Sustaining VA Health System During and After Afghanistan Drawdown.

- Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations by the Government Accountability Office.
- Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).
- Oppose higher drug co-payment fees for VA services.
- Pass legislation to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.

Integrated Electronic Health Record (iEHR)

- Direct a comprehensive review of the accomplishments, current plans and future of the integrated Electronic Health Record project, and re-commit to the development of an iEHR at the earliest practicable date.

Wounded, Ill and Injured Warrior Care & Support

- Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.

- Enforce accountability of VA and DoD wounded warrior policies and programs and establish base-line funding for program execution, research, staffing, and other resource requirements, including the integrated and legacy disability evaluation systems and caregiver programs.

Women Veterans

- Assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that direct equitable medical care and improved support services for female veterans.
- Resolve discrepancies in reporting and supporting women impacted by military sexual trauma in VA and DoD systems.

VETERANS' BENEFITS

Disability Claims and Backlog

- Ensure the VA's approach to claims is grounded in "deciding claims right the first time," not just meeting numerical quotas.
- Oversee the case management model for claims processing and monitor other field-tested initiatives directed at improving quality and accuracy.
- Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.
- Ensure that VA provides standardized training to employees, and tests all employees, including coaches and managers, on the skills, competencies, and knowledge required to do their jobs.
- Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.
- Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.

Accelerated Payments to Wounded Warriors for Certain Disabilities

- MOAA recommends the Committees direct the VA to pay accelerated disability claims for wounds, injuries or other conditions determined eligible for Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI) benefits.

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

- Conduct oversight hearings to review the IDES program and to evaluate what more may need to be done to support our wounded warriors as they transition through this cumbersome process.

Veteran Transition, Readjustment and Employment

- Grandfather Veterans Retraining and Assistance Program (VRAP) participants whose licensing, training, or associate's degree program – leading to employment – won't be completed in the compressed timeframe authorized.
- Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.
- Re-authorize VRAP through 31 March 2016.
- Assess the effectiveness of the Transition Assistance Program (TAP) redesign to ensure it meets the needs of separating service men and women.
- Further extend the 31 December 2013 sunset date for the employer tax incentives in the VOW to Hire Heroes Act.
- Vocational Rehabilitation and Employment (VR&E) – Further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2016.
- Transfer the Department of Labor's veterans' programs, along with budget, personnel and resources, to VA and establish a separate Employment and Training Administration within the Department of Veterans Affairs.

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

- Authorize in-state tuition rates for all non-resident student veterans enrolled in public colleges and universities.
- Expand the ***VetSuccess On Campus*** program. In 2012 *VetSuccess* was located on only 32 campuses serving 32,000 student veterans with plans to grow to 80 campus locations. The program should be expanded as rapidly as possible so that more veterans can get academic and career counseling support.
- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Require that all programs receiving funding under the GI Bill be "Title IV" eligible; in other words, all post-secondary academic programs should be required to meet Dept. of Education accreditation standards.

Towards A 21st Century GI Bill Architecture

- Scale educational benefits eligibility according to the length and type of military duty performed. Integrate all active duty and reserve GI Bill programs in a single chapter in Title 38.
- To accomplish the above structural integration:
    a. Repeal Chapter 30, the Montgomery GI Bill for active duty service – with appropriate grandfathering of remaining participants -- and amend language in the preamble to Chapter 33 to indicate that the latter program is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.
    b. Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 10 September 2001 were superseded by the P911 GI Bill.
    c. Consolidate the Selected Reserve GI Bill (Chapter 1606, 10 USC) with the new GI Bill. Benefits authorized under Chapter 1606 were last raised (except for annual COLAs) in 1999. The ratio between Chap. 1606 benefits and Chap. 30 active duty MGIB benefits has plunged to 22.7% against a historical ratio of 47-48%.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits – Support legislation to establish P911 GI Bill entitlement (Chapter 33, 38 USC) for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits. As an interim measure, if resources are not available for full P911 GI Bill-level benefits, authorize a housing allowance and book stipend for DEA participants.

Dependency and Indemnity Compensation (DIC) Equity – Establish the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans –Increase the income replacement rate for widow(er)s of catastrophically disabled veterans.

Retain DIC on Remarriage at Age 55 – MOAA recommends authorization of age-55 for retention of DIC upon remarriage in order to bring this benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

CHAMPVA Dental – Allow Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.

NATIONAL GUARD AND RESERVE VETERANS

- Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections by: strengthening enforcement of the statute by the Attorney General; taking punitive action against Federal contractors for a pattern of repeated violations of the statute; establishing subpoena power for the Special Counsel in enforcement of the statute with respect to Federal agencies; creating a civil investigative authority for the Attorney General in the USERRA; and making workplace arbitration agreements unenforceable in disputes arising under the statute.
- Monitor the Federal Office of Special Counsel's three-year pilot project regarding enforcement of reemployment rights protections for Federal agency workers under the USERRA.
- Consider adopting additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of SCRA violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.
- Ensure that the revised TAP mandated in the VOW to Hire Heroes Act is tailored to meet the needs of de-activating Guard / Reserve veterans.
- Advance initiatives for service members to gain civilian credentials / licenses while currently serving in the Guard / Reserve or on active duty.

Recognition of Career National Guard and Reserve Veterans

- Establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and certain earned veterans benefits, but who never served under active duty orders are "veterans of the Armed Forces of the United States."

CHAIRMAN SANDERS, CHAIRMAN MILLER, RANKING MEMBERS BURR AND MICHAUD, on behalf of the 380,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA thanks the Committees for your leadership and steadfast resolve to preserve and protect veterans' health care and benefits. We remain extremely grateful for establishment of the advance appropriations authority for VA health care funding. .

Advance Appropriations have allowed the VA to maintain robust health care services for our nation's veterans in this most difficult fiscal climate.

Psychological-Cognitive Health and Suicide Prevention. The tragic loss of veterans and currently serving members of the Armed Forces including the National Guard and Reserves to suicide is arguably the most critical health care issue facing leaders at all levels in the DoD and the VA.

MOAA is very grateful for inclusion of suicide prevention and resilience legislation in the FY 2013 National Defense Authorization Act (NDAA) (P.L.112-239). We thank the former Chair of the Senate Veterans Affairs Committee, Senator Patty Murray (D-WA) for her tireless efforts on this issue.

However, the provisions in Senator Murray's "Mental Health Care Access Act of 2012" (S. 3340, 112th Session of Congress) adopted for currently serving women and men were not considered for the VA health system. Nor was action taken on the provisions that specifically direct the VA to "develop and implement a comprehensive set of measures to evaluate mental health care services furnished by the Department of Veterans Affairs" including measures to assess:

a. The timeliness of the furnishing of mental health care by the Department.
b. The satisfaction of patients who receive mental health care services furnished by the Department.
c. The capacity of the Department to furnish mental health care.
d. The availability and furnishing of evidence-based therapies by the Department.

The VA is making commendable progress in hiring approximately 1200 of 1600 additional mental health counselors. In addition, the VA's 24/7 suicide prevention hotline has extended the Department's reach to more at-risk veterans.

We remain concerned, however, that outreach and community coordination efforts need to be increased and targeted at providing care and services when and where veterans need it—not when and where the VA says they need it as noted at a recent House Veterans' Affairs Committee hearing on mental health.

MOAA urges the Committees to continue to support funds to expand VA's mental health capacity and to improve oversight, accountability and responsiveness in the areas of access, timeliness, quality, delivery, and follow-on care and information. Witnesses noted at the Mental Health Hearing, it's time for change; VA simply cannot continue to do business as usual. VA must aggressively pursue outside assistance to make sure every veteran needing mental-cognitive services is not just handed over to a system, but handed over to a person who will arrange for short and long-term mental health care.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible veterans, with special emphasis on Guard-Reserve members, rural veterans and high risk populations.

- ***MOAA recommends the Committees review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.***
- ***MOAA strongly supports rapid expansion of partnerships between the VA and outside mental health care providers such as the TRICARE networks and state-level programs.***
- ***Pursue new ways to deliver mental health services, including establishing protocols with the Defense Department to seamlessly transfer high risk servicemembers with mental health or drug or alcohol abuse conditions directly to a designated VA or partner provider prior to discharge from the military to ensure continuity of care.***
- ***Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.***
- ***Conduct an Oversight hearing with government-wide witnesses to assess the effectiveness of implementation of Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families"***

Sustaining VA Health System During and After Afghanistan Drawdown. Congress has steadfastly supported record funding for the VA health system consistent with the rising demand from more than 10 years of sustained combat operations in Afghanistan and Iraq.

MOAA would strongly oppose any reductions in funding VA health in light of the enormous sacrifices that our fighting men and women have made over the longest protracted conflicts in our nation's history.

As a strong proponent of the 2014 Veterans' Independent Budget, MOAA urges the Committees to carefully consider the IB's recommendations in deliberating VA budget requirements.

MOAA recommendations:
- ***Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations by the Government Accountability Office.***
- ***Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).***
- ***Oppose higher drug co-payment fees for VA services.***
- **Pass legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT --** ***to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.***

Integrated Electronic Health Record (iEHR)

MOAA was very disappointed with the news that Secretary of Defense Panetta and Secretary of Veterans Affairs Eric Shinseki announced the scaling back of a single, bi-directional electronic health record as they and previous Secretaries of both Departments had committed to publicly and often.

Instead, the Departments now plan to exchange common medical data elements so that practitioners can access important medical information from either system. "Rather than building a single integrated system from scratch, we will focus our immediate efforts on integrating VA and DOD health data as quickly as possible, by focusing on interoperability and using existing solutions," Secretary Shinseki said in a statement at a 6 February news conference with Defense Secretary Panetta.

In one form or another plans to create an iEHR go back at least to the early 1980s. As casualties increased from the Iraq and Afghanistan conflicts, efforts were re-doubled to accelerate the development of the iEHR. According to *Modern Healthcare* Congress set a deadline in 2008 to achieve "full interoperability of personal healthcare information between the two departments" by Sept. 30, 2009. It didn't happen. In 2009, President Obama set a goal for creating what he described as a virtual lifetime electronic health record by 2012 that could follow active-duty military personnel through to veteran status. That hasn't happened, either.

One of many questions that arise on this issue is whether veterans will be able to access their separate Service and VA medical records. At this point, it appears that only medical professionals will have access to separate military and VA medical data from on an interface platform.

An iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan and scheduled cuts in our Armed Forces. MOAA feels strongly that the goal of an iEHR should remain a priority, as evidenced by repeated public assurances from the Secretaries of the Defense and Veterans Affairs Departments.

MOAA recommends the Committees' direct a comprehensive review of the accomplishments, current plans and future of the integrated Electronic Health Record project, and re-commit to the development of an iEHR at the earliest practicable date.

Wounded, Ill and Injured Warrior Care & Support. Since the Walter Reed Army Medical Center scandal in 2007, Congress has taken important steps to address underlying problems associated with the care, rehabilitation and readjustment needs of our wounded warriors.

The Fiscal Year 2008 Defense Authorization Act (P.L. 110-181) set out a comprehensive policy for the care and management of recovering service members; their medical and disability evaluations; how they would return to duty when appropriate; and the transition of service members from DoD care and services to receipt of care and services through the VA.

MOAA has held a six series of day-long wounded warrior and family forums since 2007 and six follow-up Roundtables to assess progress in implementing wounded warrior care and transition plans, programs and oversight and to highlight remaining gaps in the two systems.

An area of particular concern is the seamless transition of wounded warriors eligible for Caregiver support from DoD and the VA. The Caregiver Act established a comprehensive package of services and support for DoD and VA caregivers of the most severely wounded, ill or injured warriors.

The VA issued an initial final rule for the Caregiver Act about two-years ago but the Department has not signaled when the final rule will be promulgated.

We believe that DoD and VA policies on caregiver compensation and support services should mirror each other and that support should be seamless from one system to the other.

Severe "illness," however, is not addressed in the VA's interim rule for Caregivers while fully set out in DoD regulation.

DoD Instruction 1341.12 Special Compensation for Assistance With Activities of Daily Living (SCAADL) includes and defines 'catastrophic illness'. Conditions such as cancer, stroke/heart attack,

severe respiratory conditions, pneumonia, emphysema, severe arthritis, severe nervous disorders, among others potentially would trigger caregiver support.

If a servicemember's condition warrants compensation and care/support under DoD's policy and the member leaves the service with that same condition (still requiring personal or other assistance for Activities of Daily Living (ADL), the servicemmeber should not be denied the same level of Caregiver compensation and/or services from the VA.

MOAA recommendations:

- ***Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.***
- ***Enforce accountability of VA and DoD wounded warrior policies and programs and establish base-line funding for program execution, research, staffing, and other resource requirements, including the integrated and legacy disability evaluations systems and caregiver programs.***

Women Veterans. Women veterans now constitute 8 percent of the total veteran population. Women veterans are significantly younger than male veterans: in 2009 the average age of women veterans was 48 years, compared to 63 years for their male counterparts.

The top three medical diagnoses for women (2009) were PTSD, hypertension and depression. About 1 in 5 women seen in VA medical facilities screen "yes" for military sexual trauma (MST). (Note, male veterans also have experienced MST; there are actually only slightly fewer men seen in VA that have experienced MST than there are women because of the disproportionate ratio of men to women in the military.)

Women Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND). According to the VA, women make up almost 12 percent of OEF/OIF/OND Veterans.

- 56.2 percent of women OEF/OIF/OND veterans have received VA health care; of these, almost 9 out of 10 women have used VA health care more than once
- Nearly 48 percent of female OEF/OIF/OND veterans who used VA care during FY 2002-2011 were 30 or younger compared to nearly 45 percent of male OEF/OIF/OND Veterans.

MOAA recommends the Committees

- ***Assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that direct equitable medical care and improved support services for female veterans.***
- ***Resolve discrepancies in reporting and supporting women impacted by military sexual trauma in VA and DoD systems.***

VETERANS BENEFITS

Disability Claims and Backlog

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

The VA processed over one million claims last year but has been unable to catch up to the rising demand.

We believe the VA is making progress in attacking the claims backlog. But game-changing progress won't come easily as the number and complexity of claims continues to rise after more than 11 years of

war in Afghanistan and Iraq. Today's service men and women identify 11-15 conditions for potential service-connection making the challenge ahead more daunting still.

Quality on compensation claims rose slightly in 2012 to 86% accuracy nationally. But there remain wide variances among regional offices on quality outputs.

MOAA believes that greater emphasis is needed on recruitment, training and retention of claims workers and building a cadre of highly skilled and dedicated first-line supervisors.

MOAA recommends the Committees sustain vigorous oversight of VA's plans to modernize the claims system:

- ***Ensure the VA's approach is grounded in "deciding claims right the first time," not just meeting numerical quotas.***
- ***Oversee the case management model for claims processing and monitor other field-tested initiatives directed at improving quality and accuracy.***
- ***Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.***
- ***Ensure that VA provides standardized training to employees, and tests all employees, including coaches and managers, on the skills, competencies, and knowledge required to do their jobs.***
- ***Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.***
- ***Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.***

Accelerated Payments to Wounded Warriors for Certain Disabilities

MOAA believes the Committees should take a fresh look at directing the VA to pay accelerated claims to wounded warriors as has been proposed for many years.

A place to start is to use the list of disabilities under Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI) as the basis for making accelerated VA disability payments. TSGLI disabilities include amputations, loss of hearing or sight, burns, traumatic brain injury, loss of reproductive function and other catastrophic wounds or injuries incurred in service.

The concept we propose is that once a servicemember is determined eligible for TSGLI insurance benefits, that decision would trigger an automatic advance payment for that disability by the VA.

The VA already has regulatory authority to make advance benefits payments. Moreover, under the new Veterans Benefits Administration's (VBA) "operating model," claims are segmented based on their complexity. The Veterans Independent Budget for 2014-2015 notes, "The VBA traditional triage function at regional offices is being replaced with a new Intake Processing Center that puts an experienced Veteran Service Representative at the front end of the process to divide claims along three separate tracks: 'Express,' 'Core,' and 'Special Ops.' Express is for simpler claims, such as fully developed claims, claims with one or two contentions, or other simple claims."

The new process could be adapted to pay an accelerated claim for a TSGLI condition. Remaining "contentions" would be adjudicated separately under the new VBA operating model. Obviously, this would create a two-track claim for certain wounded warriors. MOAA feels very strongly, however, that since the TSGLI policies and processes are fully established, there should be no reason not to award an accelerated payment for those disabilities.

MOAA recommends the Committees direct the VA to pay accelerated disability claims for wounds, injuries or other conditions determined eligible for Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI) benefits.

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

VA's *Performance and Accountability Report for 2012* noted that VA and DoD signed a memorandum of understanding in February, 2012 to provide Vocational Rehabilitation and Employment (VR&E) services for active duty servicemembers. IDES sites were expanded to 139 locations in 2011 and it appears that all servicemembers referred for evaluation for medical discharge and retirement have access to the IDES. VA has placed 110 full-time equivalent (FTE) employee VR&E counselors at IDES locations to support servicemembers' transition into meaningful civilian careers. The plan is for VR&E counselors to meet with all service men and women referred to a military Physical Evaluation Board (PEB) and to enroll as many as possible in VR&E services prior to discharge. This is an encouraging development.

IDES claims are completed on average in 397 days – 13 months – compared to 540 days – 18 months – in the 'legacy system according to the VA Report cited above.

MOAA remains concerned about access to the IDES by wounded and ill members of the National Guard and Reserve, who in some cases are advised to take their medical issues following deployments directly to the VA instead of being referred into the IDES.

MOAA recommends that the Committees conduct oversight hearings to review the IDES program and to evaluate what more may need to be done to support our wounded warriors as they transition through this cumbersome process.

Veteran Transition, Readjustment and Employment

MOAA is grateful for the Committees' bi-partisan collaboration on the "VOW to Hire Heroes Act" (P.L. 112-56), which the Association strongly supported. The Veterans Retraining Assistance Program (VRAP) provision in the VOW Act opens Montgomery GI Bill (MGIB) benefits for one year to older, unemployed veterans to train for high demand occupations.

As of late January 2013, the VA had received 94,000 VRAP applications and approved 77,000 certificates of eligibility, but only 27,000 of those eligible had begun to use the benefit. MOAA has broadcast the need for VRAP participants to begin training as soon as possible to complete their job training on time.

Another provision in the VOW Act improves Vocational Rehabilitation and Employment (VR&E) benefits and extends automatic eligibility through 2014 for active duty servicemembers referred by DoD with severe illnesses or injuries. The provision affords VR&E rehabilitative services early in the disability evaluation process. The law also expands the Special Employer Incentive program to employers who hire veterans participating in VR&E even in cases where the veteran has not completed training.

MOAA recommendations:

- ***Grandfather VRAP participants whose licensing, training, or associate's degree program – leading to employment – won't be completed in the compressed timeframe authorized.***
- ***Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.***
- ***Re-authorize VRAP through 31 March 2016.***

- ***Assess the effectiveness of the Transition Assistance Program (TAP) redesign to ensure it meets the needs of separating service men and women.***
- ***Further extend the 31 December 2013 sunset date for the employer tax incentives in the VOW to Hire Heroes Act.***
- ***Vocational Rehabilitation and Employment (VR&E) – Further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2016.***
- ***Transfer the Department of Labor's veterans' programs, along with budget, personnel and resources, to VA and establish a separate Employment and Training Administration within the Department of Veterans Affairs.***

GI BILL PROGRAMS

The Post-9/11 GI Bill authorized under Chapter 33 of 38 U.S. Code is the most generous educational assistance program since the great World War II GI Bill.

VA provided educational benefits to almost a million students in 2012. More than half of these beneficiaries received benefits under the Post-9/11 GI Bill.

MOAA is grateful for the bi-partisan and bi-cameral effort that resulted in final passage of H.R.4057 (P.L. 112-249), the Improving Transparency of Education Opportunities for Veterans Act of 2012. The statute takes important steps to upgrade information resources for veterans, improve reporting on outcomes and strengthen oversight of all institutions receiving GI Bill funding.

MOAA recommends the Committees consider further improvements to the Post-9/11 GI Bill:
- ***Authorize in-state tuition rates for all non-resident student veterans enrolled in public colleges and universities.***
- ***Expand the VetSuccess On Campus program. In 2012 VetSuccess was located on only 32 campuses serving 32,000 student veterans with plans to grow to 80 campus locations. The program should be expanded as rapidly as possible so that more veterans can get academic and career counseling support.***
- ***Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.***
- ***Require that all programs receiving funding under the GI Bill be "Title IV" eligible; in other words, all post-secondary academic programs should be required to meet Dept. of Education accreditation and other requirements.***

Towards A 21st Century GI Bill Architecture

MOAA continues to recommend the Committees work toward an integrated platform for GI Bill programs.

A streamlined architecture for the GI Bill is needed to support recruitment, reenlistment and readjustment outcomes for our nation's Armed Forces in the 21st century. Veterans, lawmakers, military recruiters, college administrators, non-degree trainers and the general public need a simple, transparent and clear understanding of the service that is required for earning entitlement to the GI Bill.

MOAA recommendations:
- ***Scale educational benefits eligibility according to the length and type of military duty performed. Integrate all active duty and reserve GI Bill programs in a single chapter in Title 38.***

- ***To accomplish the above structural integration:***
    - ***a. Repeal Chapter 30, the Montgomery GI Bill for active duty service – with appropriate grandfathering of remaining participants -- and amend language in the preamble to Chapter 33 to indicate that the latter program is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.***
    - ***b. Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 10 September 2001 were superseded by the P911 GI Bill.***
    - ***c. Consolidate the Selected Reserve GI Bill (Chapter 1606, 10 USC) with the new GI Bill. Benefits authorized under Chapter 1606 were last raised (except for annual COLAs) in 1999. The ratio between Chap. 1606 benefits and Chap. 30 active duty MGIB benefits has plunged to 22.7% against a historical ratio of 47-48%.***

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits. The Gunnery Sergeant John D. Fry Scholarship program (P.L. 111-32) established Post-9/11 GI Bill benefit entitlement for the children of Fallen members of our Armed Forces who died in the line of duty after September 10, 2001.

Unfortunately, surviving spouses are ineligible for "Fry Scholarships." At the time the legislation was under consideration, no one stopped to think that the surviving spouses themselves would need a robust benefit in order to attain the skills and education to provide for their children and prepare them for college.

Survivors and Dependents Educational Assistance (DEA) program benefits under Chapter 35, 38 USC simply do not afford surviving spouses a realistic opportunity to raise young children, go to school concurrently without shouldering financial debt and deal with enormous challenges as Survivors.

For surviving spouses of the Iraq and Afghanistan conflicts, DEA translates to "college is unaffordable." Under DEA, a Survivor receives only $987 per month, no cost-of-living (housing) allowance, and no book stipend.

Today, the total potential DEA benefit is $44,415 compared to $56,304 under the MGIB. However, the Fry Scholarships pay the full cost of enrollment at any public college or university, a housing allowance based on a Sergeant's (E-5) "with dependents" housing rate for the zip code of the college, and up to $1000 annually for books.

MOAA recommends the Committees support legislation to establish P911 GI Bill entitlement (Chapter 33, 38 USC) for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits. As an interim measure, if resources are not available for full P911 GI Bill-level benefits, authorize a housing allowance and book stipend for DEA participants.

Dependency and Indemnity Compensation (DIC) Equity. DIC, which is paid to survivors of those who paid the ultimate sacrifice, is set at a flat rate for all. MOAA believes DIC should be set at 55% of the compensation paid to 100% service-disabled veterans and placed on an equal footing with survivors of disabled civil service employees. Survivors of federal workers have their compensation set at 55% of their Disabled Retirees' Compensation. The November 2009 GAO report on Military & Veterans' Benefits (GAO 10-62) found that "*DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries."* ***MOAA supports***

establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. Spouses who are full-time caregivers are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15%. The income replacement of other federal survivor benefit plans is close to 50% of the benefit upon which they are based. ***MOAA recommends the Committees increase the income replacement rate for widow(er) s of catastrophically disabled veterans.***

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. At the time, Congressional staff advised that age-57 was selected only because there were insufficient funds to authorize age-55 retention of DIC upon remarriage. ***MOAA recommends authorization of age-55 for retention of DIC upon remarriage in order to bring this benefit in line with rules for the military SBP program and all other federal survivor benefit programs.***

CHAMPVA Dental. ***MOAA supports allowing Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.*** The proposal, which is modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve members who have served a qualifying period of active duty are unique in the veterans' community, as many continue to serve in uniform. These dual-status veterans face special challenges associated with their service including rising unemployment rates.

Since 10 September 2001, 866,308 Guard and Reserve members (as of 29 January 2013), have served on operational active duty and approximately 300,000 have served on multiple tours.

The FY 2012 National Defense Authorization Act expanded DoD's "operational reserve" policy by authorizing non-emergency access to the Guard and Reserve. The NDAA contains a provision that permits the Service Secretaries to activate up to 60,000 reservists for up to one year to perform pre-planned, budgeted missions that will no longer require a national emergency declaration by the Commander in Chief.

Routine Federal call-ups for non-emergency missions are unprecedented in our nation's history. With this sea-change in policy, it will be critical for the Committees, working with the Armed Services Committees, to ensure that the sustained reliance on the Operational Reserve does not adversely affect readiness by failing to ensure re-employment rights and family needs are fully met.

MOAA recommends the Committees:

- ***Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections by: strengthening enforcement of the statute by the Attorney General; taking punitive action against Federal contractors for a pattern of repeated violations of the statute; establishing subpoena power for the Special Counsel in enforcement of the statute with respect to Federal agencies; creating a civil investigative authority for the Attorney General in the USERRA; and making workplace arbitration agreements unenforceable in disputes arising under the statute.***

- ***Monitor the Office of Special Counsel's three-year pilot project regarding enforcement of reemployment rights protections for Federal agency workers under the USERRA.***
- ***Consider adopting additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of Servicemember Civil Relief Act (SCRA) violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.***
- ***Ensure that the revised TAP mandated in the VOW Act is tailored to meet the needs of de-activating Guard / Reserve veterans.***
- ***Advance initiatives for service members to gain civilian credentials / licenses while currently serving in the Guard / Reserve or on active duty.***

Recognition of Career National Guard and Reserve Members as Veterans of the Armed Forces

National Guard and Reserve members who complete a full Guard or Reserve career and are receiving or entitled to a military pension, government health care and certain earned veterans' benefits under Title 38 are not "veterans of the Armed Forces of the United States," in the absence of a qualifying period of active duty.

This strange situation exists because the definitions of "veteran" in Title 38 limit the term to service men and women who have served on active duty under Title 10 orders.

National Guard members who served on military duty orders (other than Title 10) at Ground Zero in New York City on Sept. 11, 2001, the Gulf Coast following Hurricane Katrina or Sandy, the BP oil spill catastrophe off the Gulf Coast, or conducted security operations on our Southwest border, and subsequently retire from the National Guard are not deemed to be veterans under the law unless at some point they had served on Title 10 orders.

Due to military funding and accounting protocols, many reservists performed operational missions during their careers but the orders purposely were issued under other than Title 10 authority to comply with funding and accounting protocols.

Ironically, these career reservists have earned specified veterans' benefits, but they can't claim that they are veterans.

MOAA is grateful to the House Veterans Affairs Committee and the full House for twice passing enabling legislation on this issue. The legislation would establish that National Guard and Reserve members who are entitled to a non-regular retirement under Chapter 1223 of 10 USC and who were never called to active federal service during their careers are veterans of the Armed Forces. The legislation would prohibit the award of any new or unearned veterans' benefits.

MOAA supports legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and certain earned veterans benefits, but who never served under active duty orders are "veterans of the Armed Forces of the United States."

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have "borne the battle" in defense of the nation.

Biography of Robert F. Norton, COL, USA (Ret.)
Deputy Director, Government Relations

Bob Norton joined the MOAA Government Relations team in 1997, specializing in National Guard / Reserve, veterans' benefits and VA health care issues. He co-chairs The Military Coalition's (TMC) Veterans' Committee and is MOAA's representative to TMC's Guard and Reserve Committee. In 2000, Bob helped found the Partnership for Veterans Education, a consortium of TMC, higher education associations, and other veterans groups that advocates for the GI Bill. Bob served on the statutory Veterans Advisory Committee on Education from 2004-2008.

Bob entered the Army in 1966 and was commissioned a second lieutenant of infantry in August 1967. He served in South Vietnam (1968-1969) as a civil affairs platoon leader. He transferred to the U.S. Army Reserve in 1969.

Colonel Norton volunteered for full-time active duty in 1978. He served in various assignments on the Army Staff and the office of the Secretary of the Army specializing in Reserve manpower and personnel policy matters.

Bob served two tours in the Office of the Assistant Secretary of Defense for Reserve Affairs, first as a personnel policy officer (1982-1985) and then as the Senior Military Assistant to the Assistant Secretary (1989-1994). Reserve Affairs oversaw the call-up of more than 250,000 members of the Guard / Reserve in the first Gulf War. Colonel Norton retired in 1995 and joined the MOAA Government Relations staff in 1997.

Colonel Norton holds a B.A. from Niagara University and an M.S.Ed. from Canisius College. He is a graduate of the U.S. Army Command and General Staff College, the Army War College, and the Harvard Kennedy School of Government senior officials in national security course.

His military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, and the Armed Forces Reserve Medal.